U.S. Department of Labor Office of Labor-Management Stardards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 573	2. Fiscal Year Covered From:					
, and the second	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name Jeffrey Benavidez	Name International Association of Iron Workers #66					
	Labor Organization File Number 023-625					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 4318 Clark Ave.	Street 4318 Clark Ave.					
City San Antonio	City San Antonio					
State Texas ZIP Code + 4 78223	State Texas ZIP Code + 4 78223					
5. Position in labor organization. Business Manager						
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with or	derived income or other economic benefit of					
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any	•					
Street	7.b. Amount.					
Silect						
City						
State ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Johny Benewides	On 8-11-05					
	Date Telephone Number					

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Name	of Perso	n kulina
Name	011 0130	ur r unio

Jeffrey Benavidez

File Number U-

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	**************************************			
8. Name and address of Business (including trade name, if any). Name Bank One NA Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 2629 Street City Houston State Texas ZIP Code + 4 77002 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Texas Ironworkers Trust Funds	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Custodial & Banking Services				
Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 400 Street 9555 W. Sam Houston Pkwy S					
	11.b. Approximate dollar value of such dealing.	\$128,570			
City Houston	12.a. Nature of interest held or income received. April 18 Golf at Falconhead Golf Cl				
State Texas ZIP Code + 4 77099					
	12.b. Amount.	\$15			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	.			
Name		del destinant similar			
Trade Name, if any:		- Topical de la companya de la compa			
P.O. Box, Bldg., Room No., if any	The considerate	-			
Street		egorgega tudoscoori e qu			
City		Anomination			
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				